

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 JAN 17 AM 10:31

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

WYOMING BANKERS ASSOCIATION BANKPAC

ADDRESS (number and street) 200 E 8th AVE, SUITE 201

Check if different than previously reported. (ACC) CHEYENNE WY 82001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00423459

3. IS THIS REPORT NEW OR AMENDED

NEW (N)  OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID R JOHNSON

Signature of Treasurer *David R Johnson* Date 01 08 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

28039591887

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Wyoming Bankers Association Bankpac*

Report Covering the Period:

From:

*07'01'2007*

To:

*12'31'2007*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2007</i>		<i>4897.13</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>12270.50</i>	
(c) Total Receipts (from Line 19).....	<i>5962.50</i>	<i>13477.50</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>18233.00</i>	<i>18374.63</i>
7. Total Disbursements (from Line 31)..... <i>Check to ABA / Fedex / Supplies</i>	<i>7085.00</i>	<i>8026.63</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>10348.00</i>	<i>10348.00</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		<i>0</i>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		<i>0</i>

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wyoming Bankers Association BankPac

Report Covering the Period:

From:

07 ' 01 ' 2007

To:

12 ' 31 ' 2007

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5,962.50

13,477.50

(ii) Unitemized .....

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5,962.50

13,477.50

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

5,962.50

13,477.50

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

5,962.50

13,477.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

5,962.50

13,477.50

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share <i>Fed Exp &amp; Supplies exp.</i> .....	0	14163
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	14163
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees. <i>AAA BANQUE</i> .....	7885.00	7885.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7885.00	8,026.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	7885.00	8,026.43

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,962.50	13,477.50
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5,962.50	13,477.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5,962.50	13,477.50

28039591891

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankFAC**

Full Name (Last, First, Middle Initial)  
**A. M&A multi state convent. account**

Mailing Address  
**1 N. Last Gulch Chance #4**

City State Zip Code  
**Helena MT 59601**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**312.50**

Date of Receipt  
**07 05 2007**

Amount of Each Receipt this Period  
**312.50**

Full Name (Last, First, Middle Initial)  
**B. Zaback, mark**

Mailing Address  
**1030 Rustic Drive**

City State Zip Code  
**Casper WY 82609**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer Occupation  
**Jonah Bank Banker**

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**07 05 2007**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**c. Small, Darrel**

Mailing Address  
**114 N. Heights Circle**

City State Zip Code  
**Sheridan WY 82801**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer Occupation  
**Cowboy State Bank Banker**

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**07 05 2007**

Amount of Each Receipt this Period  
**250.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**662.50**

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 13				
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17		

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NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

Full Name (Last, First, Middle Initial) <b>A. Martin, John (Falcon Trust)</b>		Date of Receipt <b>07 ' 10 ' 2007</b>
Mailing Address <b>PO BOX 50190</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>Casper</b>	State <b>WY</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		
Name of Employer <b>Jonah Bank</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Maycock, Mitchel</b>		Date of Receipt <b>07 ' 10 ' 2007</b>
Mailing Address <b>BOX 1795</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Gillette</b>	State <b>WY</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		
Name of Employer <b>First Interstate</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Jones, Gregg</b>		Date of Receipt <b>07 ' 10 ' 2007</b>
Mailing Address <b>3416 Moore Ave</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Cheyenne</b>	State <b>WY</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		
Name of Employer <b>Jonah Bank</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>100.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **13**  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

Full Name (Last, First, Middle Initial)  
**A. Brown, Kermit**

Mailing Address  
**1055 Bonita Dr.**

City  
**Laramie** State  
**WY** Zip Code  
**82072**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer  
**Wyoming State Bank** Occupation  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**08'02'2007**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Shurtleff, Kent**

Mailing Address  
**PoBox 224**

City  
**Kinnear,** State  
**WY** Zip Code  
**82516**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer  
**Wyoming National Bank** Occupation  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**08'02'2007**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**c. Klein, Richard**

Mailing Address  
**45 Hackamore Lane**

City  
**Pavillion** State  
**WY** Zip Code  
**82523**

FEC ID number of contributing federal political committee.  
**C00423459**

Name of Employer  
**Wyoming National Bank** Occupation  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**08'02'2007**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **100.00**

**TOTAL** This Period (last page this line number only).....▶

28039591894

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

PAGE 4 OF 13

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

**A. Borden, Tim**  
Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 773449**

City: **Steamboat Springs** State: **CO** Zip Code: **80477**

FEC ID number of contributing federal political committee: **C00423459**

Date of Receipt: **08'02'2007**

Amount of Each Receipt this Period: **250.00**

Name of Employer: **Wyoming National Bank** Occupation: **Chairman**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: **250.00**

**B. Halvingbye, Stg**  
Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 288**

City: **Cheyenne** State: **WY** Zip Code: **82003**

FEC ID number of contributing federal political committee: **C00423459**

Date of Receipt: **08'02'2007**

Amount of Each Receipt this Period: **500.00**

Name of Employer: **American National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: **500.00**

**C. Crum, Gary**  
Full Name (Last, First, Middle Initial)

Mailing Address: **21229 Dover**

City: **Laramie** State: **WY** Zip Code: **82072**

FEC ID number of contributing federal political committee: **C00423459**

Date of Receipt: **08'10'2007**

Amount of Each Receipt this Period: **100.00**

Name of Employer: **Wyoming State Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: **100.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **850.00**

**TOTAL** This Period (last page this line number only).....▶

28039591895

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **5** OF **13**  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

**A. Bailey, Ron**  
Full Name (Last, First, Middle Initial)  
Mailing Address: **PO Box 3223**  
City: **Gillette** State: **WY** Zip Code: **82717**  
Date of Receipt: **08 ' 10 ' 2007**  
FEC ID number of contributing federal political committee: **C00423459**  
Amount of Each Receipt this Period: **100.00**  
Name of Employer: **Security State Bank** Occupation: **Bankers**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: **100.00**

**B. Lytle, Kaycee**  
Full Name (Last, First, Middle Initial)  
Mailing Address: **706 Mount Adams St.**  
City: **Wellington** State: **CO** Zip Code: **80549**  
Date of Receipt: **08 ' 21 ' 2007**  
FEC ID number of contributing federal political committee: **C00423459**  
Amount of Each Receipt this Period: **50.00**  
Name of Employer: **Security First Bank** Occupation: **Banker**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: **50.00**

**C. Pasco, Ronald**  
Full Name (Last, First, Middle Initial)  
Mailing Address: **Helel Begonia**  
City: **Casper** State: **WY** Zip Code: **82604**  
Date of Receipt: **08 ' 30 ' 2007**  
FEC ID number of contributing federal political committee: **C00423459**  
Amount of Each Receipt this Period: **500.00**  
Name of Employer: **First Interstate Bank** Occupation: **Banker**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**TOTAL** This Period (last page this line number only).....

28039591896

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 0 OF 13

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Wyoming Bankers Association BANKPAC

Full Name (Last, First, Middle Initial) <b>A. Erickson, Elmer</b>		Date of Receipt M M ' D D ' Y Y Y Y <u>08 30 2007</u>
Mailing Address <u>PO BOX 102</u>		Amount of Each Receipt this Period  <u>, 200.00</u>
City <u>Rawlins</u>	State Zip Code <u>WY 82301</u>	
FEC ID number of contributing federal political committee. <u>C00423459</u>		
Name of Employer <u>Rawlins National Bank</u>	Occupation <u>Banker</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <u>, 200.00</u>	

Full Name (Last, First, Middle Initial) <b>B. Kelly, Kurt</b>		Date of Receipt M M ' D D ' Y Y Y Y <u>08 30 2007</u>
Mailing Address <u>320 E. Stratton Ct.</u>		Amount of Each Receipt this Period  <u>, 100.00</u>
City <u>Rawlins</u>	State Zip Code <u>WY 82301</u>	
FEC ID number of contributing federal political committee. <u>C00423459</u>		
Name of Employer <u>Rawlins National Bank</u>	Occupation <u>Banker</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <u>, 100.00</u>	

Full Name (Last, First, Middle Initial) <b>C. Furphy, Daniel</b>		Date of Receipt M M ' D D ' Y Y Y Y <u>08 30 2007</u>
Mailing Address <u>2605 Dover Dr.</u>		Amount of Each Receipt this Period  <u>, 100.00</u>
City <u>Laramie</u>	State Zip Code <u>WY 82072</u>	
FEC ID number of contributing federal political committee. <u>C00423459</u>		
Name of Employer <u>First National Bank</u>	Occupation <u>Banker</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <u>, 100.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 400.00</u>
TOTAL This Period (last page this line number only).....▶	

28039591897

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17  
 PAGE **1** OF **13**

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NAME OF COMMITTEE (In Full)

Wyoming Bankers Association

Full Name (Last, First, Middle Initial)

A. Olson, Gregg

Mailing Address

PO Box 979

City

Rawlins

State

WY

Zip Code

82301

FEC ID number of contributing federal political committee.

C00423459

Date of Receipt

08 30 2007

Amount of Each Receipt this Period

, 200.00

Name of Employer

Rawlins National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 200.00

Full Name (Last, First, Middle Initial)

B. Fiedor, Rocky

Mailing Address

PO Box 3810

City

Saratoga

State

WY

Zip Code

82331

FEC ID number of contributing federal political committee.

C00423459

Date of Receipt

08 30 2007

Amount of Each Receipt this Period

, 100.00

Name of Employer

Rawlins National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 100.00

Full Name (Last, First, Middle Initial)

C. King, Larry

Mailing Address

4100 Sweetbriar, Suite 106

City

Casper

State

WY

Zip Code

82604

FEC ID number of contributing federal political committee.

C00423459

Date of Receipt

08 30 2007

Amount of Each Receipt this Period

, 25.00

Name of Employer

Hilltop National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 25.00

SUBTOTAL of Receipts This Page (optional).....▶

, 325.00

TOTAL This Period (last page this line number only).....▶

, ,

28039591898

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

PAGE 8 OF 13

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyoming Bankers Association BankPAC

**A. PERSON, George**

Full Name (Last, First, Middle Initial)

Mailing Address: 16180 S. Poplar

City: Casper State: WY Zip Code: 82401

Date of Receipt: 09 ' 12 ' 2007

FEC ID number of contributing federal political committee: C00423459

Name of Employer: Hilltop National Bank Occupation: Banker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: , 100.00

Amount of Each Receipt this Period: , 100.00

**B. CARSON, Cathy**

Full Name (Last, First, Middle Initial)

Mailing Address: 1141 Nottingham Dr.

City: Casper State: WY Zip Code: 82409

Date of Receipt: 09 ' 12 ' 2007

FEC ID number of contributing federal political committee: C00423459

Name of Employer: Hilltop National Bank Occupation: Banker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: , 100.00

Amount of Each Receipt this Period: , 100.00

**C. DAVIS, Elizabeth**

Full Name (Last, First, Middle Initial)

Mailing Address: 1375 Fetterman

City: Casper State: WY Zip Code: 82404

Date of Receipt: 09 ' 12 ' 2007

FEC ID number of contributing federal political committee: C00423459

Name of Employer: Hilltop National Bank Occupation: Banker

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: , 50.00

Amount of Each Receipt this Period: , 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ , 250.00

**TOTAL** This Period (last page this line number only)..... ▶ ,

28039591899

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyoming Bankers Association Bank PAC

Full Name (Last, First, Middle Initial)

A. Jorgensen, John

Mailing Address

1560 South Walnut

City

Casper

State

WY

Zip Code

82601

FEC ID number of contributing federal political committee.

C 00423459

Date of Receipt

09 ' 12 ' 2007

Amount of Each Receipt this Period

, 100.00

Name of Employer

Hilltop National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 100.00

Full Name (Last, First, Middle Initial)

B. Lathrop, Gary

Mailing Address

1520 Kelly Dr.

City

Casper

State

WY

Zip Code

82609

FEC ID number of contributing federal political committee.

C 00423459

Date of Receipt

09 ' 12 ' 2007

Amount of Each Receipt this Period

, 250.00

Name of Employer

Hilltop National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 250.00

Full Name (Last, First, Middle Initial)

C. Minihan-Ayers, Sally

Mailing Address

2232 South Lennox Ave.

City

Casper

State

WY

Zip Code

82601

FEC ID number of contributing federal political committee.

C 00423459

Date of Receipt

09 ' 12 ' 2007

Amount of Each Receipt this Period

, 50.00

Name of Employer

Hilltop National Bank

Occupation

Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

, 400.00

TOTAL This Period (last page this line number only)..... ▶

, .

28039591900

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

PAGE 10 OF 13

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

**A. Morstad, Doug**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 2180**

City: **Casper** State: **WY** Zip Code: **82402**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hilltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **20.00**

Date of Receipt: **09/12/2007**

Amount of Each Receipt this Period: **20.00**

**B. Neville, Barton**

Full Name (Last, First, Middle Initial)

Mailing Address: **4105 E. 8th**

City: **Casper** State: **WY** Zip Code: **82409**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hilltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **75.00**

Date of Receipt: **09/12/2007**

Amount of Each Receipt this Period: **75.00**

**C. Potter, Christine**

Full Name (Last, First, Middle Initial)

Mailing Address: **1915 S. Mitchell St.**

City: **Casper** State: **WY** Zip Code: **82401**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hilltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **25.00**

Date of Receipt: **09/12/2007**

Amount of Each Receipt this Period: **25.00**

**SUBTOTAL of Receipts This Page (optional).....** **120.00**

**TOTAL This Period (last page this line number only).....**

28039591901

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	3
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association BankPAC**

Full Name (Last, First, Middle Initial) <b>A. Screener, Vance</b>		Date of Receipt <b>09' 12' 2007</b>
Mailing Address <b>1521 Manor Dr.</b>		Amount of Each Receipt this Period <b>, , 25.00</b>
City <b>Casper</b>	State Zip Code <b>WY 82609</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		Amount of Each Receipt this Period <b>, , 25.00</b>
Name of Employer <b>Hilltop National Bank</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, , 25.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Trapkus, Gary</b>		Date of Receipt <b>09' 12' 2007</b>
Mailing Address <b>1395 Bessemer Bend South Rd.</b>		Amount of Each Receipt this Period <b>, , 25.00</b>
City <b>Casper</b>	State Zip Code <b>WY 82604</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		Amount of Each Receipt this Period <b>, , 25.00</b>
Name of Employer <b>Hilltop National Bank</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, , 25.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Vanmaren, N. P.</b>		Date of Receipt <b>09' 12' 2007</b>
Mailing Address <b>2233 S. Odeu.</b>		Amount of Each Receipt this Period <b>, , 200.00</b>
City <b>Casper</b>	State Zip Code <b>WY 82604</b>	
FEC ID number of contributing federal political committee. <b>C00423459</b>		Amount of Each Receipt this Period <b>, , 200.00</b>
Name of Employer <b>Hilltop National Bank</b>	Occupation <b>Banker</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, , 200.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>, , 250.00</b>
TOTAL This Period (last page this line number only).....▶	<b>, ,</b>

28039591902

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association Bank PAC**

**A. Wagner, Roger**

Full Name (Last, First, Middle Initial)

Date of Receipt: **09' 12' 2007**

Mailing Address: **404 Stafford**

City: **Casper** State: **WY** Zip Code: **82609**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hiltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **30.00**

Amount of Each Receipt this Period: **30.00**

**B. Wilson, Carol**

Full Name (Last, First, Middle Initial)

Date of Receipt: **09' 12' 2007**

Mailing Address: **3028 Aspen Dr.**

City: **Casper** State: **WY** Zip Code: **82601**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hiltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **35.00**

Amount of Each Receipt this Period: **35.00**

**C. Lowe, R. Stanley**

Full Name (Last, First, Middle Initial)

Date of Receipt: **09' 28' 2007**

Mailing Address: **97 Primrose**

City: **Casper** State: **WY** Zip Code: **82604**

FEC ID number of contributing federal political committee: **C00423459**

Name of Employer: **Hiltop National Bank** Occupation: **Banker**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **100.00**

Amount of Each Receipt this Period: **100.00**

**SUBTOTAL of Receipts This Page (optional)** ..... **155.00**

**TOTAL This Period (last page this line number only)** .....

28039591903

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 11b 11c 12  
 13 14 15 16 17  
 PAGE 3 OF 13

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyoming Bankers Association BankPAC

Full Name (Last, First, Middle Initial)

A. True, Henry  
 Mailing Address  
 PO Drawer 2300

City Casper State WY Zip Code 82002

FEC ID number of contributing federal political committee. C00423459

Name of Employer Hilltop National Bank Occupation Banker

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 150.00

Date of Receipt 10/04/2007

Amount of Each Receipt this Period 150.00

Full Name (Last, First, Middle Initial)

B. True, David  
 Mailing Address  
 PO Drawer 2310

City Casper State WY Zip Code 82002

FEC ID number of contributing federal political committee. C00423459

Name of Employer Hilltop National Bank Occupation Banker

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 150.00

Date of Receipt 10/04/2007

Amount of Each Receipt this Period 150.00

Full Name (Last, First, Middle Initial)

C. Bonl, Michael  
 Mailing Address  
 PO Box 2241

City Cheyenne State WY Zip Code 82003

FEC ID number of contributing federal political committee. C00423459

Name of Employer Wyoming Bank & Trust Occupation Banker

Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 100.00

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

5,962.50

28039591904

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wyoming Bankers Association Bank PAC**

**A.** Full Name (Last, First, Middle Initial)  
**American Bankers Association Bank PAC**

Date of Disbursement  
**09 ' 12 ' 2007**

Mailing Address  
**Department 4047**

City  
**Washington** State  
**DC** Zip Code  
**20042-4047**

Purpose of Disbursement  
**Bank PAC Goal**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period  
**1,885.00**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**B.** Full Name (Last, First, Middle Initial)  
**N/A**

Date of Disbursement  
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**C.** Full Name (Last, First, Middle Initial)  
**N/A**

Date of Disbursement  
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **1,885.00**

**TOTAL** This Period (last page this line number only)..... ▶ **1,885.00**

28039591905

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <b>NONE</b>		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶
<b>TOTALS</b> This Period (last page in this line only) .....	▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28039591906

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)  <div style="font-size: 2em; text-align: center;">NONE</div>		FEC IDENTIFICATION NUMBER  C
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)  %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y		
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value?  
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y		Location of account: Address: City, State, Zip: _____
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.		
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y
Title		

28039591907

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)..... ▶	
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

28039591908

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼ C
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y

28039591909

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)	Check if 24-hour notice
-----------------------------	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %  
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative      Generic Voter Drive      Public Communications Referencing Party Only

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**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		

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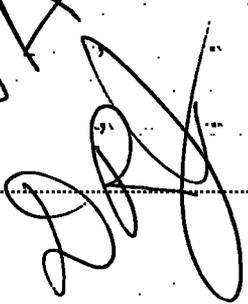
**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....		
II) Generic Voter Drive .....		
III) Exempt Activities .....		
IV) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising .....		
V) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support .....		
VI) Public Communications Referring Only to Party (Made by PAC) .....		

*MA*  


**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....		
TOTAL This Period (Generic Voter Drive) .....		
TOTAL This Period (Exempt Activities) .....		
TOTAL This Period (Direct Fundraising) .....		
TOTAL This Period (Direct Candidate Support) .....		
TOTAL This Period (Public Communications Referring Only to Party) .....		
TOTAL This Period (Total Amount Transferred) .....		

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**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

*Wyoming Bankers Association BankPAC*

A. Full Name (Last, First, Middle Initial) <i>NONE</i>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement:			Date		
Activity or Event Identifier:			Date		
Category/Type			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement:			Date		
Activity or Event Identifier:			Date		
Category/Type			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement:			Date		
Activity or Event Identifier:			Date		
Category/Type			Date		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**  
 FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

**(To be used by State, District and Local Party Committees Only)**

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- I) Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....
- II) Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....
- III) GOTV** GOTV  
Total Amount Transferred for GOTV.....
- IV) Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- I) Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....
- II) Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....
- III) GOTV** GOTV  
Total Amount Transferred for GOTV.....
- IV) Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

- TOTAL This Period (Voter Registration).....**
- TOTAL This Period (Voter ID).....**
- TOTAL This Period (GOTV).....**
- TOTAL This Period (Generic Campaign Activity).....**
- TOTAL This Period (Total Amount of Transfers Received).....**

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**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	M M / D D / Y Y Y Y
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	M M / D D / Y Y Y Y
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	M M / D D / Y Y Y Y
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>			

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**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS</b> .....		
<b>3. TOTAL RECEIPTS</b> .....		
(Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS</b> .....		
<b>6. TOTAL DISBURSEMENTS</b> .....		
(Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND</b> .....		
(for Column B, use cash as of January 1st)		
<b>8. RECEIPTS</b> .....		
(from Line 3)		
<b>9. SUBTOTAL</b> .....		
(Add Lines 7 and 8)		
<b>10. DISBURSEMENTS</b> .....		
(From Line 6)		
<b>11. ENDING CASH ON HAND</b> .....		
(Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF  
FOR LINE NUMBER:  
(check only one)  1a  2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional).....▶			
TOTAL This Period (last page this line number only).....▶			

28039591919

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<i>Fed Ex</i>	<i>1/15/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW*  
**PREPARER**

*1/17/08*  
**DATE PREPARED**

28039591920